

Application Data Sheet

Application Information

Application number:: NEW DISCLOSURE
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?: None
Sequence submission?: Paper
Computer Readable Form (CRF)?: No
Title:: USE OF REINFORCED FOAM IMPLANTS
WITH ENHANCED INTEGRITY FOR SOFT
TISSUE REPAIR AND REGENERATION
Attorney Docket Number:: 022956-0074
Request for Early Publication?: No
Request for Non-Publication?: No
Small Entity?: No
Petition included?: No
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steven M.
Family Name:: Bowman
City of Residence:: Massachusetts
Country of Residence:: Sherborn

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Izi

Family Name:: Bruker
City of Residence:: Massachusetts
Country of Residence:: Wayland
Street of mailing address:: 6 Linn Lane
City of mailing address:: Massachusetts
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01778

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Iran (Islamic Republic of)
Status:: Full Capacity
Given Name:: Alireza
Family Name:: Rezania
City of Residence:: Hillsborough
State or Province of Residence:: NJ

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mora Carolynne
Family Name:: Melican
City of Residence:: Bridgewater
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 2701 Johnson Circle
City of mailing address:: Bridgewater
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08807

Applicant Authority Type:: Inventor
Status:: Full Capacity

Given Name:: Francois
Family Name:: Binette
City of Residence:: Weymouth
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 45 Sherricks Farm Road
City of mailing address:: Weymouth
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02188

Applicant Authority Type:: Inventor
Status:: Full Capacity
Given Name:: Julia
Family Name:: Hwang
City of Residence:: Watertown
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 17 Bailey Road
City of mailing address:: Watertown
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02472-4923

Correspondence Information

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Representative Information

Representative Customer Number:: 021125

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/747,488	December 21, 2000
This Application	Continuation-in-part of	09/747,489	December 21, 2000

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